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SAN FRANCISCO
LOCAL HOMELESS COORDINATING BOARD

CONTINUUM OF CARE
PREVENTION COMMITTEE

AGENDAS AND MINUTES

2000

The name of this Committee was originally "Prevention and Support Services Committee". However, at its first meeting, on June 21, 2000, it was "decided that for future meetings the topics of prevention and support must be separated." This Committee was thereafter known as the "Prevention Committee".

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SAN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

The San Francisco Local Homeless Coordinating Board is overseeing the process of updating San Francisco's Continuum of Care Plan. This work will be done in committees involving service providers, consumers, City department representatives, advocates, business and community members over the next 6 months. The following Committee is focusing on specifically on Prevention and Support Services.

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting
PREVENTION AND SUPPORT SERVICES
Wednesday, June 21, 10 AM to Noon
25 Van Ness Ave, Room720
AGENDA

I. **For discussion:** Introduction and background to Continuum of Care plan.

II. **For discussion and possible action:** Proposed process for updating this chapter for Continuum of Care

III. **For discussion and possible action:** Proposed regular meeting date.

IV. **For action:** Review of current chapter from Continuum of Care.***

V. Adjournment

All meeting are open and participation is strongly encouraged. Your participation can make a difference in creating change, growth and opportunity pertaining to prevention and support servicesfor homeless individuals and families. We'll need everyone's help to create a good product!

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SAN FRANCISCO PREVENTION AND SUPPORT SERVICES COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Minutes Wednesday, June 21st, 10 AM, 25 Van Ness, 8th Floor

Present: *Michael Bennett, VV Beacon, co- chair; George Smith, MOOH, co- chair; Joyce Miller, FRD/ COH, co- chair; Mary- Lynn Garrett, DHS- HOP; Anne Harrington, DHS; Jackie Henderson, FRD/ COH; Johanna Keeley, MOOH; Ellouise Patton, YCD; Carolyn Plybon, DHS*

Meeting called to order at 10 AM. Joyce welcomed everybody. Michael gave an introduction on the background of the current Continuum of Care plan. The group started to discuss who else should attend the next meetings of this committee: a representative of Housing Authority (Sharon Hewitt), Medical, childcare, foster care, St. Anthony's, Glide, Sheriff's department, domestic violence provider, Tenant's Association, youth groups, senior groups, disabled groups, hospital (discharges), and MUNI. It was decided that not all these groups need not be present but their input should be incorporated. Program names, housing costs, statistics (which should cover all neighborhoods and not just Tenderloin but Bayview and Sunnydale) need to be updated in the next Continuum of Care. The Continuum should be less wordy and more action oriented. The group then began to review the chapter on Prevention and Support Services.

It was decided to go paragraph by paragraph and make any necessary changes. In the first paragraph under introduction the group was dissatisfied with the phrase income stability. They went on to discuss the prevention strategies. It was made clear that in order to prevent homelessness one must be economically independent. To achieve economic independence, it was suggested that education should be added under prevention strategies. Prevention must include maintenance of current affordable housing. It was also suggested that direct rent payment programs for single adults with disabilities, economic development and independence, affordable housing, subsidized childcare, neighborhood support networks, and marketable skills be added to the prevention strategies. More attention should be paid to families, recognizing that families are also single dads. Discussion was had about how to ensure diverse participation in the update. Focus groups were suggested, stressing that there needs to be a safe, confidential place for participants to come. Other subcommittees are already using focus groups and perhaps this group can work off that. There needs to be a source of free transportation and once again it was decided that MUNI should be encouraged to attend at least one of the meetings. A discussion was had about how to incorporate substance use/ abuse and harm reduction into prevention strategies. The group decided that the last two paragraphs under the introduction were repetitive. The discussion then turned to support services. These services should include outreach, medical services, substance use/ abuse, mental health treatment, and case and money management. The problem with support services is that they require homeless or at-risk-individuals to walk through a door. That door often forms a barrier for the homeless or at-risk-person and therefore services for people on the street must be expanded.

Next the group discussed the section under target populations. It was suggested that single dads/ men, seniors, youths, and disabled persons be added to that list of target populations. Also in this section all the program names must be updated. The group then decided that for future meetings the topics of prevention and support must be separated. Johanna will talk with Anne Kronenberg, co- chair of the Health Committee, to see if they can incorporate support services

into their work. Regardless, this committee will focus solely on prevention for at least the next three months. It was decided each member present would follow- up on action steps for homework. On page 68, Anne Harrington took #1, Johanna Keeley #2, George Smith #3, Michael Bennett #4. Action step 5 was achieved with the opening of the Oshun Family Center. Joyce Miller took action step #6. Johanna will do secondary action step #1 from page 71.
Meeting adjourned at noon.
Notes taken by:
Mary Rakhlin
Mary Rakhlin
Mayor's Office on Homelessness

Next meeting will be July 5th, 9: 30 AM to 11 AM at 25 Van Ness. It was decided to have meetings on the 1st and 3rd Wednesday from 9: 30 AM to 11 AM at 25 Van Ness.

AN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

PREVENTION AND SUPPORT SERVICES

Wednesday, July 5, 2000, 9:30 to 11 AM
25 Van Ness Ave, Room720
AGENDA

I. **For discussion:** Follow up on primary and secondary action steps assigned from Continuum of Care.

II. **For discussion:** Continued review of the written chapter, focusing on Prevention.

III. **For discussion with possible action:** Discussion on use of focus groups for input in update.

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

PREVENTION

Wednesday, July 19, 2000, 9:30 to 11 AM
25 Van Ness Ave, Room720
AGENDA

I. **For discussion:** Follow up from action steps from last meeting.

II. **For discussion:** Development of substance abuse/use, mental health and dual diagnosis treatment as prevention strategies.

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SAN FRANCISCO PREVENTION COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Wednesday, July 19th, 9: 30 AM, 25 Van Ness, 7th Floor

Present: *George Smith, MOOH, co- chair; Joyce Miller, FRD/ COH, co- chair; Michael Bennett, Local Board, co- chair; Rosario Navarrette, Department on Status of Women; Wendy Goldberg, CSAS; Anne Harrington, DHS/ Rental Assistance Coordinator; Blanche Kerfmacher, CMHS; Louise Rogers, CMHS; Darin Lounds, Conard House; Tom Greco, Swords; Phyllis Harding, CSAS; Jackie Henderson, FRD/ COH; Eileen Hirst, Sheriff; Shirley Melnicoe, NCSL; Teresa Friend, Homeless Advocacy Project (BASF); Johanna Keeley, MOOH*

Meeting called to order at 9: 30 AM. Joyce began the meeting by welcoming everybody. As in previous meetings she explained that this subcommittee will not deal with support services. In reviewing the homework of those not present at the meeting, Johanna provided the group with the following statistical information:

Seniors • 1/5 of case managed clients in single adult shelters are seniors, 55 years and over
• Of the 46 thousand recipients of SSI and SSP, 20,000 are seniors
• 1990 census 143,000 seniors from 500,000

Veterans • Veterans are 11% of SF population
• 35% of the veteran population are homeless

SSI/ SSA • the 50- 70% of those on SSI also receive social security
• 70 thousand people receive social security

CalWORKS Families • CalWORKS reported that of the 15 hundred at- risk families they serve, 25% live in public housing or have Section 8 housing vouchers

Discharges • Five years ago 400- 1000 rooms were available through the DHS hotline hotel program. That number dwindled to nothing as over the years the negotiated price of $8/ night the City paid did not increase and therefore be competitive enough. Due to limited availability SFGH became the only user of those rooms.

Next, people of various departments gave information on:

Domestic Violence • The Department on the Status of Women is starting programs that put more of an emphasis on economic independence among battered women by providing them with skill building and job development classes.

Rental Assistance • In this years City budget, the Eviction Defense Collaborative received $400 thousand.
• $250 thousand go to FEBCO through Catholic Charities.

Jail Discharges • Although there are no official reports on how many of those discharged from jail are homeless or at- risk individuals, the MIO done by the Sheriff's department may provide this information. Louise agreed to bring a copy of the MIO to the next meeting.
• 80% of the people in jail are substance users/ abusers.

Hospital Discharges • Their needs to be an expansion of outreach to those individuals who are discharged from hospitals and have no place to go but a shelter.

The discussion then focused on substance use/ abuse, dual diagnosis, and mental health. The objective of the group was to somehow incorporate this topic into the chapter on prevention. The group brainstormed possible ways to do this:
• Increase the number of behavioral health treatment slots for uninsured individuals.
• Expand the number of eligibility workers to be available.

• Integrate homeless outreach teams so that a client treated by any of the outreach teams will have access to all services.

The discussion than turned to dual diagnosis. It was said that the 7th Street Baker program as well as the 4th Avenue program serve patients with dual diagnosis. The Drug Court, PeaPod, a program in the Haight Ashbury, and the Treatment Access Program (TAP) are also programs with capacity for dually diagnosed patients. Likewise, the City Wide Case Management runs a program that has added some 80 slots for dually diagnosed patients. Discussion was had about what pre- treatment is because it was listed as a goal in the last Continuum of Care. TAP does pre- treatment and Swords did it. Is it pre- treatment or respite- respite is the original idea of McMillian Drop- In Center. We should look at single standard of care recommendations. Blanche will get them to Johanna. The idea of fund to pay rent when someone goes into residential treatment was also explored.

Phyllis Harding from CSAS updated the group on the priorities/ interventions of the Treatment on Demand Council. They are as follows:

*• Individual Methadone/ Detoxification Treatment in Jail with Community Linkage
*• African American Multi- Service Outpatient Program
*• Samoan Family- Focused, Multi- Service, Non- residential Outpatient Services
• Prevention, Early Intervention, Treatment and After Care Services for Youths
• Integrated services
• Bilingual Substance Abuse Treatment in Jail Setting
• Culturally Competent Services for Transgender Persons
• Dual Diagnosed Non- residential Treatment for Asian Women at Mental Health Service Sites
• Alcohol Treatment Services

Of these priorities three got funded.

The council wants to help populations that have not traditionally been treated by expanding methadone maintenance with the creation of the Office Based Opiate Addiction Treatment Program (OBOT). There will be a need for waivers to do this. There are 17,000 active drug users in SF with 13- 15 being injection drug users. In addition, the City is expanding two detoxes. One at 4th Avenue through a Man's Place and another at Ozanum that will take patients from SF General psych beds. The shift is from a second model program to a medically assisted detox. More substance use/ abuse residential treatment for families was suggested but siting a program remains a huge obstacle.

Discussion was had about evictions. Joyce pointed out that those residing in public housing cannot admit to drug use as they will be evicted. Similarity, entering a treatment program can result in an eviction. Next, Eileen from the Sheriff's Eviction Unit, updated the group on Action Step #6, pg. 69. The Sheriff's Unit assists with 40- 60 evictions a week, about 12 hundred people a year. The Sheriff's Unit comes into the picture only after the tenant has been taken to court and the judge has voted in favor of the property owner. At this point, the eviction may not be stopped. At most it may be postponed a week. Upon eviction, the Unit issues a checklist to property owners regarding the condition of the tenant(s). Using the checklist, the unit tries to find a place for the evictee but too often that place happens to be a shelter. She said that the funds and legal services available to the unit are quickly drying up. No more getting seniors into senior living centers and less service from eviction prevention. La Raza, Eviction Assistance, THC, and HAP are all they use. It became evident that something must be done before the case reaches the courts and Sheriff's Unit.

Lastly, Shirley told the group that NCSL is moving into a bigger house and that at the same time they are giving up 12 units in the Tenderloin due to lack of funding. TNDC controls the units and Shirley would like to see the services continue.
In the next meeting foster care discharges, substance use/ abuse, and eviction defense are to be discussed. George would like to see a discussion of single dads with children. It was suggested that to encourage single dads to take responsibility for their children incentives may be suggested. Meeting adjourned at 11 AM.
Notes taken by:
Mary Rakhlin

Mayor's Office on Homelessness
Next meeting will be August 2nd, 9: 30 AM to 11 AM at 25 Van Ness, 8th Floor.

AN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

PREVENTION

Wednesday, August 2, 2000, 9:30 to 11 AM
25 Van Ness Ave, 8th Floor Conference Room
AGENDA

I. **For discussion and possible action:** Follow up from action steps from last meeting.

II. **For discussion:** Development of actions steps focused on:
- Substance Abuse/Dual Diagnosis/Mental Health
- Eviction Defense
- Foster Care Discharges

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SAN FRANCISCO PREVENTION COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Wednesday, August 2nd, 9: 30 AM, 25 Van Ness, 8th Floor

Present: *Joyce Miller, FRD/ COH, co- chair; Michael Bennett, V.V.B.C, co- chair; Deven Richardson for George Smith, MOOH, co- chair; John Tsutauawa, DHS/ ILSP; Louise Rogers, CMHS; Amanda Gerrie, DHS/ CalWORKS; Teresa Friend, Homeless Advocacy Project (BASF); Anne Harrington, DHS; Charlotte Siggins, Consultant/ DHS; Elizabeth Siggins, DHS; Shirley Melnicoe, NCSL; Jackie Henderson, FRD/ COH; Eileen Hirst, Sheriff; Claronce Lewis, Sheriff; Wendy Goldberg, CSAS*

Meeting called to order at 9: 30AM. Joyce began the meeting by introducing herself. As in previous meetings she explained that this subcommittee will not deal with support services. Support services are to be discussed at the Integrated Health and Human Services subcommittee. Next Michael Bennett outlined the objectives and purpose of the Continuum of Care plan. Everyone received a copy of the intervention steps done by the Treatment on Demand Council. At the next meeting everyone will receive a copy of the MIO as well as the Single Standard of Care plan. Louise said that increasing the number of treatment slots for dually diagnosed patients would help prevent homelessness.

Discussion was had about evictions. Teresa, a representative from the Homeless Advocacy Project, provided the group with the following information:

- The number of eviction lawsuits filed has been decreasing over the last five years, possibly due to a reduction in the number of available SRO rooms.
- The total number of evictions has gone up due to a continuing increase in rent in San Francisco.
- Those on SSI are less likely to be evicted because they have a more stable source of income.
- People on SSI are currently living in the available SRO rooms.
- From the Tenants Union survey:
    1. In 1999, 4, 125 formal eviction lawsuits had been filed.
    2. In 1999, 15, 000- 20, 000 formal as well as informal evictions took place in San Francisco.
- In 1999, the Homeless Advocacy Project helped 300 people who had already or would soon be evicted.
- In 1999, the Eviction Defense Collaborative helped 1, 344 households get their responses filed.
- RADCO, in a period of six months, helped 333 households from getting evicted.

The discussion then turned to the Sheriff's Department. In the previous meeting of this subcommittee, Eileen from the Sheriff's Unit had told the group that upon eviction, the unit issues a checklist to property owners regarding the condition of the tenant(s). Eileen brought a copy of the checklist to the meeting. It was suggested that substance use/ abuse be added to the checklist. When the checklist comes back to the Sheriff they only have 5 days in which either to prevent or postpone the eviction. It was said that out of an eviction week of 50, 2 cases involve mentally disordered clients. Overall, the unit assists with 40- 60 evictions a week.

The Sheriff said that there is a lack of places he can take evicted seniors/ disabled persons. It was suggested that in such emergency situations, the Adult Prevention Services help line may be contacted as it's geared to provide emergency housing for seniors who have been evicted.

Next, Teresa explained the eviction process before it reaches the Sheriff's Unit:

1. The property owner gives either a three or thirty day notice to the tenant(s). This notice also goes to the rent board, which sends the tenants possible resources to prevent an eviction.
2. If the tenant does not reply to the notice, the property owner files an eviction complaint.
3. The tenant has five court days to respond. If he does, a court proceeding happens within 21 days.
4. If a judgement for eviction has been issued, it goes to the Sheriff's department.

To prevent an eviction someone prior to the Sheriff should issue the checklist to the property owner.

Discussion then turned to foster care discharges. When a youth turns 18 they age out of foster care. The majority of youths aging out of foster care are African American. The following statistics were provided about youths that age out of foster care:

- 40- 60% of youth's aging out of foster care are homeless within a year
- 2, 500 youths age out of foster care annually in California
- 150 youths age out of foster care annually in San Francisco
- It costs $600- 700 a month to keep a youth in foster care
- It costs $2,000- 4,000 a month to keep a youth in a group home.

Youths that age out of foster care must be provided with housing. A stable home gives the youth an opportunity to stabilize and take control of his/ her life. The South- East community in Bayview started the "healing zone" to cater to the special needs of these emancipated youths. Overall, it was said that placement options for emancipated youths are limited.

The group would like to see this population included in the new Continuum of Care. In the previous Continuum of Care $750,000 were to be allotted to this population; however, this money was never materialized.

Next, John told the group about the Independent Living Skills Program which helps to prepare youths for independent living through workshops and classes. This program takes in youths starting at 15 and a half years of age. A new program providing after- care services for 18- 21 year olds is currently being developed.

In the next meeting foster care discharges, substance use/ abuse/ dual diagnosis/ mental health, are to be discussed. Treatment on Demand's Intervention will also be discussed. Meeting adjourned at 11AM.

Notes taken by:
Mary Rakhlin

Mayor's Office on Homelessness
Next meeting will be August 16th, 9: 30AM to 11AM at 25 Van Ness, Rm. 720

AN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

PREVENTION

Wednesday, August 16, 2000, 9:30 to 11 AM
25 Van Ness Ave, Room 720
AGENDA

1. **For discussion and possible action:** Treatment on Demand's Intervention and possible action steps for new Continuum. ****
2. **For discussion and possible action:** Review of Single Standard of Care and MIO****
3. **For discussion and possible action:** Review of foster care-current inventory and potential future action steps.
4. **For discussion and possible action:** Review of other action steps from Chapter.

***Documents available at meeting.

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SAN FRANCISCO PREVENTION COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Wednesday, August 16th, 9: 30 AM, 25 Van Ness, Suite 720

Present: *Joyce Miller, FRD/ COH, co- chair; George Smith, MOOH, co- chair; John Tsutauawa, DHS/ ILSP; Anne Harrington, DHS; Charlotte Siggins, Consultant/ DHS; Jackie Henderson, FRD/ COH; Deven Richardson, MOOH; Martha Zamora, ILSP; Blanche Kerfmacher, CMHS; Phyllis Harding, CSAS; Darin Lounds, Conard House; Juanita Johnson, NCSL/ Cameo House*

Meeting called to order at 9: 30AM. George began the meeting by introducing himself. As in previous meetings he explained that this subcommittee will not deal with support services. Next he outlined the objectives and goals of the Continuum of Care plan. Everyone received a copy of the MIO as well as the Single Standard of Care plan. Joyce passed out a 'Work Group Outline' sheet.

Discussion was had about substance use/ abuse and mental health. Personnel in mental health or substance use/ abuse must be trained in both fields so that they may treat dually and multi diagnosed patients. Currently, the number of employees who have the skills to treat dually/ multi diagnosed patients is small and this number must rise so that clients may be correctly treated and diagnosed. There is also a lack of places that treat dually/ multi diagnosed patients. To prevent homelessness the number of dual/ multi diagnosis treatment slots must increase. Joyce said that there is currently a program in Washington DC called Inn Street Village. This is a house were women can go after they are released from jail to try to restabilize their lives. It has residential apartments in which these women can live as well as treatment for dually diagnosed patients. Phyllis said that these types of programs have previously existed in San Francisco but have failed to work.

Next Phyllis passed out the 'First Steps Model and Interventions' sheet done by Community Substance and Abuse Services (CSAS) and the Treatment on Demand Council (TOD). This sheet contains two lists. The first has all of the programs that have been funded since 1997. Most of these programs focus either on women or on achieving cultural competence. The list has few programs that are for single men/ fathers and for youths that are aging out of foster care. The second page is a list of all the programs proposed by TOD and CSAS that have not yet been funded. In the coming year TOD's main goal is to open as many methadone slots as they can as well as try to get funded as many new programs as possible in the new budget cycle. The major problem facing CSAS and TOD is housing. The problem with housing is that clients lose their homes when they go into treatment programs and thus they have no place to go when they complete the program.

Next Blanche from Community Mental Health Services talked to the group about the Single Standard of Care Plan. This is a plan whose goal was to create and institute nontraditional programs. Last year it funded $700, 000 worth of programs. They were the following:

• Multi- Service Center South- Provide evening case management and outreach services for homeless shelter residents.

• Instituto Familiar de la Raza- Educate and provide outreach to the Latino population about mental health services.

• Oasis Self- Help Drop- In Center- Increase acupuncture services, increase center hours, and provide outreach to jails and psychiatric emergency services.

• Swords to Plowshares- Expansion of the current mental health services/ housing for homeless veterans.

This year $600, 000 worth of programs was funded. They are the following:

• Episcopal Sanctuary- Increase case- management staffing, provide more outreach to shelter residents on evenings and weekends.

• Progress Foundation- Bring psychiatrists and case managers into shelters to provide outreach to the clients.

• UC Center on Deafness- Bring in a sign- language interpreter/ case manager to the community center in downtown.

The discussion shifted towards youths aging out of foster care. Charlotte gave everyone the 'November 1999 Foster Care Quarterly Report.' It provided the following statistics:

• As of November 1999, there are 1, 791 San Francisco families with children in Foster Care. There are a total of 2, 650 children in Foster Care.

• In the last year there has been a small decrease in number of children removed from their families and placed in Foster Care. In November of 1998 there were 2, 812 children in Foster Care. In the last year this number dropped by 5% to 2, 650 children in November of 1999.

• Children in out-of-home placement are 66% African- American, 15% Caucasian, 10% Hispanic and 6% Asian.

• Children placed with relative caregivers are 83% African- American, 7% Hispanic, 6% Caucasian and 3% Asian.

• The majority of children in Foster Care settings in San Francisco County are placed in the Southeast section of the City. About half of children placed in county with relative caregivers are living in either Bayview Hunter's Point, Visitacion Valley or Potrero Hill neighborhoods. 40% of children placed in county with out of home caregivers are living in one of these three southeast neighborhoods as well.

• The majority (88%) of Probation children are out-of-county placements.

• About half of Relative Caregiver children (51%) and Out-of-home children (48%) are placed out-of-county.

Next John of the Independent Living Skills Program passed out a sheet describing this program and the various components that it has to offer, such as Aftercare Services and a Transitional Housing Placement Program.

In the next meeting the action steps as well as the MIO will be discussed. Meeting adjourned at 11AM.

Notes taken by:
Mary Rakhlin

Mayor's Office on Homelessness
Next meeting will be September 6th , 9: 30AM to 11AM at 25 Van Ness, 8th Floor

AN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

The San Francisco Local Homeless Coordinating Board is overseeing the process of updating San Francisco's Continuum of Care Plan. This work will be done in committees involving service providers, consumers, City department representatives, advocates, business and community members over the next 6 months. The following Committee is focusing on specifically on Prevention. For more information, please contact Joyce Miller at 346-3740, George Smith at 252-3136 or Michael Bennett at 452-4907.

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

PREVENTION

Wednesday, September 6, 2000, 9:30 to 11 AM
25 Van Ness Ave, 8th Floor
AGENDA

1. **For discussion and possible action:** Review of actions steps
2. **For discussion and possible action:** Review of Mentally Ill Offenders Document

All meeting are open and participation is strongly encouraged. Your participation can make a difference in creating change, growth and opportunity pertaining to prevention for homeless individuals and families. We'll need everyone's help to create a good product!

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THE PREVENTION COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Wednesday, September 6th, 9: 30 AM, 25 Van Ness, 8th floor conference room

Present: *Joyce Miller (FRD/ COH) co- chair; Michael Bennett (Beacon) co-chair; Deven Richardson for George Smith, (MOOH), co- chair; Johanna Keeley (MOOH); Lydia Ely (Consultant); Hank Wilson(Community Member and TOD), Jackie Hendersen (FRD/COH), Bianca Henry (COH), Abdalla Megahed (activist).*

Meeting called to order at 9:50 by Michael Bennett. He briefly explained the Continuum of Care process that the Board is engaged in and this committee's focus on just prevention. It was agreed to table the agenda item of discussing the Mentally Ill Offender report (MIO) as none of the key people were present. Joyce introduced the idea of the focus group the Board is doing to gain input into the process by homeless people. Each committee is being asked to provide 2-3 questions for this process. The group decided to focus on this item as part of the agenda. Michael reported that this group has done an excellent job of gathering information on prevention and also on getting people to come to the meeting to present. However, the Board is halfway through its committee process and we have 3 months, or 6 meetings, left. He then introduced Lydia Ely who as part of the consultant team have some suggestions for future process. Lydia reported that she didn't ever think it made sense to combine support services and prevention in the original Continuum of Care (CoC). She understands that this group made the commitment to only focus on prevention but somehow, support services came back into it. The committee did a great job on amassing information about substance abuse and mental health. It was impressive that this committee took on as much as they did but at this point, she feels this committee has more information that they can digest. Some of this work may be able to be transferred to another committee so that this committee can focus solely on classic prevention strategies. She suggests looking at all information through the question of "How is this a prevention strategy?" She made a formal request to the committee to return this issue to the Health committee. The committee, after discussion, agreed that they are ok with another committee doing the work of formulating the action steps, as long as it is recognized how critical it is to homelessness, at any point in the Continuum. Lydia also volunteered to read the MIO and the Single Standard of Care and prepare a brief report on it. All agreed to that as a way of prioritizing things.
Discussion then turned to creating focus group questions. The group brainstormed on ideas. After discussion, the group agreed to the following:

1. *When did you know you were heading into homelessness?*
2. *What do you think would have stopped this period of homelessness from starting?*
3. *To prevent becoming homeless, where would you turn to if in a crisis? Do you know helpful resources?*
4. *Would a loan fund or some sort of deposit program have helped? Eviction prevention? Credit repair? Help with discharge from a hospital, jail or another institution?*

Michael formally submitted the questions to the committee. Joyce seconded and Johanna will forward questions to Health Committee via Anne Kronenberg.

The committee then returned to the original discussion of the committee's direction so that the work can be complete by the end of November. It was agreed that at the next meeting, Lydia will present a summation of the work the committee has done, which effectively assesses the

environment in regards to prevention. This will help the committee identify where the gaps are and where the group should focus. Lydia read from the notes of July 5th, the identified areas that the group had agreed to address to see what could be given to another committee and what could be prioritized. They were the following:

- Maintaining affordable housing
- Increasing funding for preventative social services (substance abuse, mental health)
- Increasing eviction prevention
- Increasing rental assistance
- Discharges from hospitals, jails and foster care
- Childcare
- Increasing educational opportunities
- Increasing economic independence
- Neighborhood resource center/support centers

Lydia recommends the group pass childcare on to the Health Committee. After discussion as to how important this is to homelessness strategies, it was agreed. Increasing economic independence was given to the Income, Education and Employment Committee but again, agreed that the CoC plan would be written in such a way as to ensure that these can be viewed as a prevention strategy as well. Money management goes to support services. Domestic Violence is in the Health Committee. Substance Abuse and Mental health will maybe go to Health with some elements remaining with this committee. This will be explored more. The consultants have identified 4 tasks for each committee. These are:

- Define strategy area-that was done in the notes of July 5th and Johanna will get that list out to people with the minutes
- Assess the environment-done and Lydia will present that at the next meeting
- Identify and prioritize needs
- Create action steps

Michael commented that if we refocus on the remaining areas, we need to ensure those people are present. Johanna will make sure notes go to everyone who has ever attended. Towards the end of this process, the group will need to prioritize. It was pointed out that prioritizing doesn't mean some of the steps will get left out. This will be the last task of the committee.
For the next meeting, the agenda will be Lydia's presentation on the current prevention strategies in place. Then the group agreed to focus on rental assistance and eviction prevention. Johanna will contact Eviction Defense and some of the listing in the HAP manual. Michael will contact Teresa from HAP and Joyce will contact Eileen from the Sherrif's Office.
Meeting adjourned at 11:00 AM.
NEXT MEETING SCHEDULED FOR SEPTEMBER 20, 2000 AT 25 VAN NESS AVE, ROOM 330B.

Notes taken by Johanna Keeley, MOOH

The San Francisco Local Homeless Coordinating Board is overseeing the process of updating San Francisco's Continuum of Care Plan. This work will be done in committees involving service providers, consumers, City department representatives, advocates, business and community members over the next 6 months. The following Committee is focusing on specifically on Prevention. For more information, please contact Joyce Miller at 346-3740, George Smith at 252-3136 or Michael Bennett at 452-4907.

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

PREVENTION

Wednesday, September 20, 2000, 9:30 to 11 AM
25 Van Ness Ave, Room 330B
AGENDA

1. **For discussion and possible action:** Presentation from Continuum of Care consultant, Lydia Ely, on current prevention strategies in place-a summary of the committee's work to date.

2. **For discussion and possible action:** Development of action steps regarding Eviction Prevention and Rental Assistance.

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THE PREVENTION COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Wednesday, September 18th, 9: 30 AM, 25 Van Ness, Room 330A
20

Present: *Joyce Miller (FRD/ COH) co- chair; Michael Bennett (Beacon) co-chair; George Smith, (MOOH), co- chair; Johanna Keeley (MOOH); Lydia Ely (Consultant); Daisy Leyva (DPH); Miguel Wooding (EDC), Anne Harrington (DHS)*

Meeting called to order at 9:45 by Michael Bennett. The committee began with introductions and Michael briefly reviewed the history of the committee and its sole focus on prevention. We have 5 more meetings. We will need more input from other people to be effective. Outreach has been done and needs to happen again. The plan at this time is to spend two meetings focusing on each of the prevention strategies identified. Lydia Ely presented her draft summary of the work the committee has done to date. She reviewed the major points of the draft and told the committee when designing action steps to be broad in the thinking. She also passed out a summary she wrote of the Mentally Ill Offender Act and recommended that the committee look closely to their action steps and perhaps adopt them or a variation of them. She suggested using pages 2 and 3 of her draft to guide the discussion today on rental assistance and eviction prevention.
Anne commented that she has noticed an increased in demand for rental assistance from the working poor. She sees more and more families. The focus in the past had been on CALWORKS families; now she is seeing more demand from the working poor. Security deposits are about 5 times higher than the fund can provide. Secondly, of course, is the issue of locating affordable housing in the first place.
The group began to develop a proposed list of action steps specific to eviction prevention and rental assistance.

1. Create funds available for security deposits for single, non-disabled people. FEMA currently only pays $41,500.
2. Create a fund for both security and back rent for poor working homeless families.
3. Annualize the $400,000 that was an add back this year to the Eviction Defense Collaborative by the Board of Supervisors. Currently this program is entirely covered by General Fund dollars. Miquel reports that the program is looking at other funding such as increased money from tenant bar and foundation money.
4. A fund which would pay rent while someone was in substance abuse treatment. An idea for funds could be ½ of a client's program fees to be matched by another source and put in rent pool.
5. A fund which would pay for rent while someone was briefly incarcerated (timeline not defined)

George notes that the Mayor's Homeless Fund often tries to do modified payment with the people they work with. A new program on line this year and also not likely to continue is the Catholic Charities program working with the Housing Authority to pay back rent. It was decided not to add this as an action step.
A discussion was held as to the benefits and drawbacks of having all rental assistance centrally located. There are 7 funds currently; 8 if the Mayor's Homeless Fund is added in, which isn't an official site. A decentralized system with many access points can have its advantages. There was no agreement at the table. The group could agree that as long as each community knows where to go is the main point. All the resources need to know about the other resources. It could plausibly

be easier to fundraise if all the funds were in one pool. The system should have the ability to match people to programs.

Johanna summed up the five action steps and asked the group if they wanted to prioritize. Miguel notes it's important to state that the 7 programs we have don't meet the need. Additionally, one time assistance is almost never enough. It can be enough for a while but usually a need reappears. There could be a need for more flexible range for giving. It could work that if you meet this criteria, you would get the amount and it would cap at x dollars. The Season of Sharing limits were set by their Board of Directors, to 800 dollars, which at the time matched the financial needs of the clients. It was noted that clients often used multiple funds, due to the cap to bridge their financial need. The EDC has a cap of $1500. It was designed to 'spread the wealth'. It would be nice to be able to supply enough so that clients wouldn't have to come back. Perhaps an evaluation about what kind of plan they need. Another idea would be to develop a pool of money from lawyers and have that go towards direct service.
Miguel pointed out that there is a huge gap for legal assistance. The papers can be filled out but there a lack of lawyers to be in court with people.
That need was developed into an action steps in the second category of eviction prevention:

1. Increase number of lawyers doing representation.

Miguel also suggested the group look at the timing of the assistance. Often if a tenant pays during a 3 or 10 day notice, much further work can be avoided. Our system doesn't move this fast.
This is as far as the group got. They agreed to extend next meeting for 2 hours and to finish the work on rental assistance and eviction prevention. There is a need to add an extra meeting in October. The time of the meeting was changed to accommodate members.
October 4th, 1-3 PM, 25 Van Ness, Room 720
October 18th, 9:30-11:30, 25 Van Ness, Room 720.
Meeting adjourned 11:00 AM.

Notes taken by Johanna Keeley, MOOH

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Local Homeless Coordinating Board

Continuum of Care Committee Meeting

PREVENTION

Wednesday, October 4th, 1-3 PM

25 Van Ness Ave, Room 720

AGENDA

1. **For action:** Development and completion of action steps regarding Eviction Prevention and Rental Assistance.

2. **For discussion and possible action:** Next area for focus from 7 prevention strategy areas.

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THE PREVENTION COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Wednesday, October 4th, 1 PM-3 PM, 25 Van Ness, 8th floor conference

Minutes

Present: *Joyce Miller (FRD/ COH) co- chair; Deven Richardson, (MOOH); Johanna Keeley (MOOH); Daisy Leyva (DPH); Miguel Wooding (EDC), Anne Harrington (DHS); Phyllis Harding (CSAS); Teresa Friend(HAP)*

Meeting called to order at 1:20 by Joyce Miller. The committee began with a brief introduction as to the focus of today's meeting on legal assistance and eviction prevention/rental assistance. Joyce asked Teresa to briefly describe the focus of her work at Homeless Advocacy Project. She works mostly with legal assistance but there are many levels to that. It's not easy to find lawyers to do this work. Teresa liked the idea of increasing legal representation, particularly at the courthouse. If not actual representation, at least good counsel and advice could be given. Secondly she would support increases to the organizations that provide legal assistance. She views the system as three steps: prevention, the initial system response and the actual representation.
The group looked briefly at the 5 proposed eviction defense action steps. The group decided to add an action step to decrease the turn around time for clients to access rental assistance funds. Phyllis Harding wondered how feasible #4 is; a fund for rent while a client is in treatment. Program fees aren't likely to cover the expense. Grants, foundations and perhaps government money, like ESG, could be looked at. It may be better to phrase this as a feasibility study first before action is taken.
Johanna summed up the two potential action steps under legal assistance. The group fleshed those out and added one more. The following are in priority order, however if funds were available, #3 would become first priority.
The steps identified for legal assistance are as follows:

1. Mail an informational flyer to all tenants who have been sued for eviction by 1) a court mailing or 2) funding an agency to for costs for about 5,000 mailing plus admin.
Funding: Courts or general fund dollars
Timeline: Short term
Responsible party: Courts or designated non-profits
Costs: about 5,000 mailing plus research cost, minimal

2. Increase outreach on tenant's rights and referrals to prevent eviction to SRO residents, subsidized housing, supportive housing, public housing and other market rate housing. This amounts to 3 strategies: 1. increase number of outreach teams already funded (like the SRO Mission collaborative) and expand focus beyond SRO's and into other high risk areas, like the southeast of the City. 2. Using public housing dollars, have a property manager informed of tenant rights although this position should be independent of the housing authority. 3. Train case managers from both SRO support services and general case managers in tenants rights by existing tenant's right organizations.
Rationale: keeping people in housing is much more cost effective than rehousing them in the SF market.
For 1, Johanna will check with the SRO Collaborative for budget info

For 2, Johanna will run this by Tony U. from Housing Authority for input and comment
For 3: Funding and agency responsible: currently non-profits and City contract managers.
Timeline: Short term Cost: at 5 trainings per year, about 10K yearly.

3. Increased legal advocacy for people facing eviction through a) having a legal representative available at courthouse for counsel and advice and b) increased funding for agencies that provide lawyers and provide legal advocacy.
Funding sources: The courts themselves, foundations, grants, potential ESG, General Fund, shifting existing funds if it is more cost effective and pro bono work (specific to 1B only).
Agency responsible: Existing non-profits doing eviction prevention and rental assistance
Timeline: Short term-one year, if funding is available
Cost estimate: for a): 60-70 K per year, essentially 1 FTE full time with part time court hours
For b): to serve approximately 20% of the most vulnerable and most able to benefit from the service of 5,000 evictions is about 1000 people served per year. This would be about 3-5 staff for a yearly cost of about 300K.
Rationale: known prevention strategy, it's a critical juncture for intervention (the courthouse), cheaper to pay attorneys now than shelter for 5000 evicted tenants.

The group then focused on eviction prevention. The proposed action steps were reviewed and ordered as follows:

1. Annualize the $400,000 that was an add back this year to the Eviction Defense Collaborative by the Board of Supervisors. Currently this program is entirely covered by General Fund dollars. Miquel reports that the program is looking at other funding such as increased money from tenant bar and foundation money.
2. Increase annualized amount in existing contracts for both security and back rent for poor working homeless families.
3. Create funds available for security deposits for single, non-disabled people. FEMA currently only pays $41,500. ESG may be funding source
4. A fund which would pay rent while someone was in substance abuse treatment. Grants, foundations and perhaps government money, like ESG, could be looked at. It may be better to phrase this as a feasibility study first before action is taken.
5. A fund which would pay for rent while someone was briefly incarcerated (timeline not defined)

It was commented that the increase costs of 1-3 may be small, as the infrastructure is already present.
To stay on track, the group agreed to meet 9 AM, October 18th and work for one hour specifically on eviction prevention. Then the normal 10-noon meeting will focus on discharges from hospitals and jail. Anne Harrington will facilitate first hour. Jose from Catholic Charities, Cindy from DHS and Victoria to be invited/encouraged to attend.
Next meetings: October 18th, November 1, November 15th-10 AM to noon, 25 Van Ness, Room 720.
Meeting adjourned 2:45. Notes taken by Johanna Keeley, MOOH

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Local Homeless Coordinating Board

Continuum of Care Committee Meeting

PREVENTION

Wednesday, October 18th, 9AM to Noon

25 Van Ness Ave, Room 720

AGENDA

1. **For action:** Development and completion of action steps regarding Eviction Prevention.

PLEASE NOTE THIS ITEM WILL BE ONLY FROM 9 TO 10 AM.

2. **For action:** Development of action steps regarding monitoring discharges from hospitals and jails.

PLEASE NOTE THIS ITEM WILL BE FROM 10 AM TO NOON.

Committee members are encouraged to attend both portions of the meeting, however if your focus is one or the other, it is fine to come to just part of the meeting.

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THE PREVENTION COMMITTEE
A subcommittee of the Local Homeless Board, updating the Continuum of Care
Wednesday, November 1, 10 AM to noon, 25 Van Ness, Room 710

Minutes

Present: *Joyce Miller (FRD/ COH) co- chair; George Smith, co-chair (MOOH); Michael Bennett co-chair (Beacon); Johanna Keeley (MOOH); Anne Harrington (DHS); Karen Levin (Sheriff's Dept), Beth Chiarelli-Moore (SFGH); Penny Mitchell (SFGH); Phyllis Harding (CSAS/DPH).*

Michael Bennett called the meeting to order at 10:14. He discussed the committee's purpose and timeline. Introductions were done.

JAIL DISCHARGES

The committee reviewed the work done last meeting on jail discharges. Estimates are the 10% of the jail population has serious mental illness with up to 20% having some mental illness.
The group discussed the ranking of the 7 proposed action steps. It was thought that maybe some of these services could be linked to already existing services.
The following is the final ranking with language adjustments made during the discussion.

- Expand the DPH Direct Access to Housing Program (DA) to new populations such as jail and prison releases: City to develop for up to one year of tenancy; client would pay 50% of income. This could be a building or a dedicated floor; would include 'wrap-around' services. Agency responsible: DPH, Sheriff's Dept.
- Annualize funding for Homeless Release Project at a cost of $225,000. This is a short-term goal and should include increased coordination with other jail services.
- DA program for mentally ill offenders (From MIO)-hotel lease with on site services; $600/client; for 50 clients, it's $360,000 yearly. Funding could be DPH, CDC, Sheriff's Office.
- Information sharing, cross training and planning to help coordinate information and resources on discharge planning. This could be an annual summit of agencies involved with discharges and the agencies that provide the services; maybe a manual showing resources. DHS, DPH, non-profits, Sheriff's Office, CJCJ, CDC could share responsibility.
- Create flexible housing fund and way to manage it; with mandatory case management. This would be for 1,000 people to provide temp. housing when released from jail while they seek more permanent housing.
- Provide continuity of care for inmates in longer than 30 days. This could be done by advocating for restoration of Medical when released. Develop method of communication, triggered by the jail to inform community providers that a client has been incarcerated. This could include DHS eligibility workers and SSI workers on site at jails and prisons. This program would not work for Housing Authority tenants, as it would start eviction proceedings. Departments responsible would be Sheriff's Dept and jail psych services. Program would focus on mentally ill inmates.
- Expand intensive services for adult probation of the mentally ill. 10 staff; caseload of 55.

HOSPITAL DISCHARGES

Penny provided the group with an overview of the hospital discharge issues as they currently exist. SFGH used to have access to up to 7 nights of housing but that money was transferred from DHS to DPH. That was transformed to 20 beds at the Keane hotel, case managed by Baker

Places. They also have 3 beds at MSC-S and access to the respite beds at the Windsor. These are all short-term beds. No existing program speaks to the need for longer-term beds for medical discharges. Where case management exists, some progress has been made about moving client into permanent beds. She guesses that 25% of the folks she sees are homeless but their tracking could be better.

Since the city introduced their intensive case management services for people are seen frequently at General, there has been a 40% decrease in hospitalizations. This speaks to the cost savings of case managers. She sees wheelchair accessibility and ability to accommodate oxygen as major issues, as well as behavioral issues, such as fire setting and assaultiveness

The group listed needs as a precursor to action steps. The group felt that an overarching need would be to seek state, federal, private and regional funding for all new intiatives. The following reflects the action steps in the order they were prioritized:

1. Increase amount and access to short term beds in shelters, SRO's and respite facilities.
2. Expand all master lease programs to access for hospital discharges, both in clean and sober facilities and those that aren't. Some of these units should be based in a harm reduction model.
3. Develop a new facility at a higher level of care to accommodate 'difficult-to-serve' clients, like a skilled nursing facility or unit.
4. Increase linkages to permanent housing through case management
5. Increase access and number of detox beds, both behavioral and medical with exits built in so that the system doesn't back up***(overlap with Health committee)
6. Increase number of out patient programs with intensive case management linked to clean, sober, safe and stable beds. This is easier than trying to site new facilitates in the current political climate.
7. Expand supportive services to evening and weekend hours. For example, put case managers on rotating schedule. This is a short-term goal. Additionally, increase level of qualifications and level of training for all staff working with medical discharges.

Next meeting is November 15th, 10-Noon, 25 Van Ness, Room 720.
Meeting adjourned Noon.
Notes taken by Johanna Keeley, MOOH

Action Step	Need Being Addressed	Key Performance Outcome	Program Responsibility	Time Frame	Cost Estimate [Optional]	Potential Funding Sources
1.Mandate diversity and cultural competancy training for Local Board by outside trainer	Models ability to discuss issues of race, class, gender, age, sexual orientation, etc	Local Board will be trained.	Local Board	ASAP and then, annually	5-10K	McKinney, General Fund, SF Foundation, DHS
2. Create and support a permanent diversity/cultural competency oversight committee	System of care in regards to diversity/cultural competency	Diversity/CC committee set up	Local Board	Short term	N/A	N/A
2A. Committee will provide oversite to McKinney funded programs on cultural competence and diversity	See above	Quarterly report from City monitors to be presented to committee	Local Board/Diversity Committee	Short term	N/A	N/A
2B. Committee will host different City depts. to discuss policy and procedure related to diversity/cc.	Increase coordination in City on diversity/cc. issues.	Diversity committee to meet with City depts.	Local Board/Diversity Committee	Short term	N/A	N/A
2C. Committee will gather information City-wide on trainings available	Increase coordination in City on training on diversity/cc. issues.	Committee to gather materials relating to diversity training	Local Board/Diversity Committee	Short term	N/A	N/A
2D. Committee to advise and make recommendations on diversity/cc requirements for McKinney process for applicants and priority panel review members	Increase quality of training for McKinney process for diversity/cc.	Trainings to happen sponsored by Diversity committee to McK.applicants	Local Board/Diversity Committee	Short term	N/A	Unknown.

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Local Homeless Coordinating Board
Continuum of Care Committee Meeting

PREVENTION

Wednesday, November 15th, 10 AM to Noon
25 Van Ness Ave, Room 720

AGENDA

1. **For discussion and action:** Development of action steps regarding discharges from hospitals.

2. **For discussion and action:** Development of action steps on remaining prevention categories: neighborhood resource center, maintaining affordable housing and increasing funding for preventative social services.

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THE PREVENTION COMMITTEE

A subcommittee of the Local Homeless Board, updating the Continuum of Care
Wednesday, November 15th, 10 AM to noon, 25 Van Ness, Room 710

Minutes

Present: *Joyce Miller (FRD/ COH) co- chair; George Smith, co-chair (MOOH); Michael Bennett co-chair (Beacon); Johanna Keeley (MOOH); Anne Harrington (DHS);, Beth Chiarelli-Moore (SFGH); Penny Mitchell (SFGH); Phyllis Harding (CSAS/DPH); Jose Cartagena (CC)*

Michael Bennett called the meeting to order at 10:10. He discussed the committee's purpose and timeline. This was scheduled to be the committee's last meeting. However, a final meeting to review the document may be needed. Introductions were done.
The group decided to begin with maintaining affordable housing while they waited for more people for the hospital discharge section. Lydia introduced her housing synopsis, which she developed mostly from the Con plan. Johanna discussed the overlap with the housing committee in regards to the work of the SRO task force. After discussion, the following action steps were suggested.

1. Continue coordinated advocacy on a state and federal level to extend subsidies.
2. Continue to support coordinated efforts to maintain affordable housing, including the Ellis Act, OMI evictions, etc.
3. Re-examine the fire ordinance administrative code regarding residential SRO fire replacement procedure.
4. Recommendation to expedite fire units coming back to market. Greater effort to reach previous tenants for moving back in.
5. All new master lease programs should include eligibility for families.

Hospital discharges

The group went through the action steps created at the last meeting to develop the rationale, outcomes, agencies responsible and costs, if possible. The following represents the additions made to the steps:

1. Increase amount and access to short term beds in shelters, SRO's and respite facilities.

Rationale: Give people the ability to heal and time to recovers; less overall medical costs. It can be an access to longer-term housing. . Link to case management for most effectiveness. Short-term goal

2. Expand all master lease programs to access for hospital discharges, both in clean and sober facilities and those that aren't. Some of these units should be based in a harm reduction model.

Decided on 40 beds with a stay of 3-7 days. Cost from DPH were 100-1200 per person per month. Short term goal and should be linked with case management.

3. Develop a new facility at a higher level of care to accommodate 'difficult-to-serve' clients. A cost analysis should be done for both A and B.
   A. 20 bed skilled nursing facility level beds with strong behavioral component, longer term
   B. 40 bed, board and care-like level beds with strong behavioral component, short term. Both would focus on training staff with strong skills

Rationale: Meet the need of client. Meeting need for clients with assaultive behaviors. Need to deal with clients with Axis 2 issues, as well as medical complication.

New step: Initiate regional approach or strategy to encourage private hospitals to expand out of county services.

4. Increase linkages to permanent housing through case management

Rationale: Difficult to negotiate housing due the levels of access, the multiple lists. Need for advocacy on issues of credit history. The goal is access to case management through respite beds. Case management should be provided to all respite beds. DHS/DPH and non-profits to be responsible for implementation.

5. *Increase access and number of detox beds, both behavioral and medical with exits built in so that the system doesn't back up***(overlap with Health committee)*
6. *Increase number of out patient programs with intensive case management linked to clean, sober, safe and stable beds. This is easier than trying to site new facilitates in the current political climate.****

These steps were recognized as being health issues and forwarded to the Health committee, with the understanding that they are preventative strategies as well. They are aimed at avoiding hospitalization as opposed to homelessness. Clarity must be gotten on whether detox is 3 day medical detox or a 21 day longer period.

7. Expand supportive services to evening and weekend hours. For example, put case managers on rotating schedule. This is a short-term goal. Additionally, increase level of qualifications and level of training for all staff working with medical discharges. The services should offer both on site support with phone accessibility. The support services targeted are mostly crisis intervention and assessments.
8. Promote comprehensive services on a regional level

Neighborhood resource centers

Action step: Increase availability of neighborhood resource centers, with evening and weekend hours, in at need neighborhoods.

Need: Homeless people are in neighborhoods; not just downtown. It meets people where they are at. It also helps people remain housed in neighborhood by having services, like rental assistance, offered locally. Provides culturally appropriate services.

Key Outcomes: Mission Neighborhood Resource Center to open within one year.

Responsibility: DHS/Local Non-profits, neighborhood groups.

The group will have a final meeting to review the final product, which Lydia will draft together.

Meeting will be December 1, 2000, Friday from 10-Noon at 25 Van Ness, Room 720.

Meeting adjourned noon.

Notes taken by Johanna Kecley.

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Continuum of Care Committee Meeting

PREVENTION

Friday, December 1, 10 AM to Noon
25 Van Ness Ave, Room 720
AGENDA

For discussion and action: Review of all draft action steps.**

***Draft will be available at meeting for review.

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